
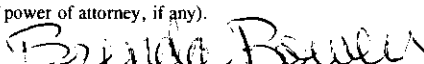


UNITED STATES BANKRUPTCY COURT <u>Boise</u> District of <u>ID</u>		PROOF OF CLAIM
Name of Debtor: <b>PAT HINTON AND HOLLY K HINTON</b>		Case Number <b>9941638</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property.) <b>Greenwood Trust Company</b>		<div>U.S. DISTRICT COURT U.S. BANKRUPTCY COURT DISTRICT OF IDAHO  <b>NOV - 1 1999</b>  M. REC'D LODGED FILED  THIS SPACE IS FOR COURT USE ONLY</div>
Name and address where notices should be sent:  <b>Discover Financial Services P.O. Box 8003 Hilliard, OH 43026</b>		
Telephone Number: <b>800-347-5515</b>		
Account number or other number by which creditor identifies debtor: <b>6011009313522760 Discover Card</b>		
Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____		
<b>1. Basis for Claim.</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Itemized statement attached.</u> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)		
<b>2. Date debt was incurred:</b>		<b>3. If court judgment, date obtained:</b>
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u>2,297.50</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest of other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or other charges.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim above, if any: \$ _____		<b>6. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4300)*, earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(4) <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507 (a)(7) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507 (a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(____) <small>*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
<b>7. Credit:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>8. Supporting Documents:</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>9. Date-Stamped Copy:</b> To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY  
Date <b>10/27/99</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <b>Brenda Bowers</b> 	

PAT HINTON AND HOLLY K HINTON  
1006 4th Ave Dr  
Jerome, ID 83338

Discover Card      Account Number: 6011009313522760

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STATEMENT DATE: 10/27/99

PREVIOUS BALANCE	\$	2,357.50
PAYMENTS AND CREDITS	\$	60.00
PURCHASES	\$	0.00
CASH ADVANCES	\$	0.00
POST PETITION PAYMENTS AND CREDITS	\$	0.00
<b>BALANCE</b> (as of Filing Date)	\$	<b>2,297.50</b>

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POST PETITION PURCHASES	\$	0.00
POST PETITION CASH ADVANCES	\$	0.00
<b>POST PETITION BALANCE</b>	\$	<b>0.00</b>

## STATEMENT SUMMARY

State of Delaware                ,  
   )                ss  
County of New Castle         )

## POWER OF ATTORNEY


Greenwood Trust Company, a banking corporation organized and existing under the laws of the State of Delaware and having an office at 12 Read's Way, New Castle County, Delaware ("Principal"), constitutes and appoints the employees of the recovery center for Discover Financial Services, Inc. located in Hilliard, Ohio, its true and lawful attorneys-in-fact for the following purposes:

To assert on its behalf any claims in bankruptcy or in probate that it may have by reason of its having loaned money to a person who becomes a debtor or a decedent, and to sign on its behalf any documents necessary for the assertion, processing and filing of those claims.

To act on its behalf in retaining legal counsel to pursue any legal claims that it may have by reason of its having loaned money to persons who have not repaid it, and to sign on its behalf of any documents necessary for the assertion or pursuit of those claims.

Principal, through its executive committee, ratifies and confirms everything attorneys-in-fact may lawfully do in the mentioned matters by virtue of this instrument.

In witness whereof, principal has caused this instrument to be sealed with its corporate seal, duly attested by the signature of its president, J. Nathan Hill on April 7, 1999.

By   
J. Nathan Hill, President  
Greenwood Trust Company

(SEAL)

UNITED STATES BANKRUPTCY COURT <u>Boise</u> District of <u>    </u> ID <u>    </u>		<b>PROOF OF CLAIM</b>
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Telephone Number: <b>800-347-5515</b>		
Account number or other number by which creditor identifies debtor: <b>6011009313522760 Discover Card</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: <u>                    </u>		THIS SPACE IS FOR COURT USE ONLY
<b>1. Basis for Claim.</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Itemized statement attached.</u> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS #: <u>                    </u> Unpaid compensation for services performed from <u>                    </u> (date) to <u>                    </u> (date)		
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Date <b>10/27/99</b> Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <b>Brenda Bowers</b>		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571		

PAT HINTON AND HOLLY K HINTON  
1006 4th Ave Dr  
Jerome, ID 83338

Discover Card      Account Number: 6011009313522760

STATEMENT DATE: 10/27/99

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